MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANTIS)

PERIOD TO THE STATE OF THE STA

		(FOR USE WITH FORM PTO-875)										
			ASI	FILED	AFTER CAMENDMENT		AFTER					
			IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1	1	/		7		1110,	. DEE.				
	2 3 4 5		<u>.</u>	1		/						
	1-3		·	2	<u> </u>	1:						
	5	+		-(2)								
•	6	+				4						
	7	\mathbf{I}		0		-/ -						
	6 7 8 9	4_		Q								
	10	-		0								
	11	1-		0		=						
	12	1		75								
	13			0		7						
H	14 15	-		0		1		_				
· ł	16	-	-	8								
	17	_		(j)		\exists						
-	18			0								
ŀ	19 · 20	·				/						
-	21	<u> </u>		0		4						
	22			15 -		7		_				
- -	23			2			 - -					
H	24 25			//		/						
E	26			5-			_ _	\exists				
	27			2		-						
	28 29			2								
 	30		-14	/ 	-1-4	<u></u>						
	31		- 4	5	1		-					
-	32				7		- -	\dashv				
	33 34				1/							
	35		$+\hat{\zeta}$		14	_	<u> </u>					
	36			3	1-			\dashv .				
_	37		U	2	17		-	-				
- 1	38 ·			2	1-/-	-						
	i		(1)	, 	-	<u> </u>	·	= -				
4	1		11/2	,	+	-	-	-				
4				7	17	1	 	-1				
4			14	-				j				
4			(1)	·	1/_	-]				
-41				-		 	 	4				
4			0	1		 		1				
48			0			1	1	1				
49 50		_	(1)					1				
		-	2									
TOTAL	MD 2		•	2	♣.	,						
TOTAL	ph		4	25		[-	4					
TOTAL		i	7-		Y-		7	.1				
CLUIN	108			37				ſ				

CLA	IM	S		-		******	•	
	1		AS	FILED	AF	TER	AFTER	
		·	IND.	DEP.	IND.	DEP.	IND.	
	-	51		. 0			MAD.	DEP.
	-	52	 	10				
	-	53 54	 	4		/		
		55		6				
		56		(3)		-		
		57		0		$\stackrel{\checkmark}{\rightarrow}$		
		58 59 5		0				
		60						
		61		8	 -	4		
		52		(1)				
		53		02		7	-	
	1 - 6	5		-(2)		1		
	6	6		· //- -		4		
	6	7		4/				
I	69	8						
ı	. 70							
	71							15
. -	72							
ŀ	73 74	- -		— —				
	75					 		
-	76						-	!
+	77 78	- -	 					
	79					-		
	80					_ _		-
<u> </u> -	81 82	-						
-	83	1-			-			
	84							
	85	1					 	-
	86 87	 			-			
	88	1						_ ·
	89	.::			1		1	
	90							
	12		- 		- : -	-] *
	3			-	 			-
	4		·			1	 	
9	5	<u>, </u>						1
9			- 	- 	 	 		
98			- 	 	 			
99	2		1,	-	 			į
10	0							
TOTAL	IND] #		+		1	
OTAL			4	· .	#		#	
CLAIM	r r							
•			U.S. DEPAR	TMENT of CO	HMERCE			• .